INVOICE

[Invoice Number]

[Fulfillment Center Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:
[Merchant Name]
[Client Address]
[Contact Email]

DETAILS:
Billing Date: [Date]
Period: [Start Date] - [End Date]
Due Date: [Date]

Storage Type / SKU	Volume/Qty	Rate/Unit	Duration	Amount
Standard Pallet Storage	[Qty]	$[0.00]	[Days/Month]	$[0.00]
Small Bin Storage	[Qty]	$[0.00]	[Days/Month]	$[0.00]
Oversize / Bulk Area	[SqFt/CuFt]	$[0.00]	[Days/Month]	$[0.00]
Receiving / Inbound Handling	[Units]	$[0.00]	-	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

TOTAL DUE: $[0.00]

Notes & Payment Instructions:
Please make checks payable to [Fulfillment Center Name].
Wire Transfer: [Routing/Account Details]
Late fees may apply after [Number] days of non-payment.